



Volunteer and Security Agreement for Exchange of Confidential Information

I, _____, have volunteered my services to the
[Name of Volunteer]

Justice Cabinet/Corrections,

[Name of Cabinet/Agency]

as a _____

[General Description of Duties]

I understand that if the Justice Cabinet accepts my services, I will not become an employee of the Justice Cabinet, the Commonwealth of Kentucky, or of any person employed by the Commonwealth of Kentucky during the time in which I have volunteered my services. I also understand that I have not been promised employment in the future by the Cabinet or the Commonwealth, and I have no expectation of same.

I further understand that I am serving in a volunteer capacity and do not represent the Justice Cabinet in any official capacity, and agree that I will not represent to any other party that I am a representative of the Justice Cabinet.

I also understand that because I am not an employee, I have no claim to any wages, salary, or benefits, including but not limited to, unemployment compensation, workers' compensation, health insurance, life insurance, reimbursement for travel, or any other benefit or protection that may be claimed by a Kentucky state employee. In the event that I am injured as a result of the negligence of the Justice Cabinet or the negligence of any agent or agency of the Commonwealth of Kentucky, I understand that I would be limited to filing a claim for compensation before the Kentucky Board of Claims.

I understand and agree that all Confidential Information provided to me pursuant to my volunteer relationship with the Justice Cabinet shall remain confidential and will not be duplicated or disclosed to anyone outside of the Justice Cabinet or without the prior written consent of _____. I am responsible for maintaining the confidentiality and security of the Confidential Information I receive or access. This responsibility includes protecting the Confidential Information from unauthorized access and taking measures to ensure against the disclosure of the Confidential Information. For the purposes of this Volunteer Agreement, "Confidential Information" is defined as any and all unique, proprietary, individually identifying information made available directly or indirectly to me in an electronic, paper or other format, and which is created, obtained, or maintained by the Justice Cabinet or the Commonwealth of Kentucky. "Confidential Information" also means Personal Information, as defined by KRS 61.931, that includes an individual's name, personal mark, or unique biometric or genetic print or image, in combination with another identifying data element including, but not limited to, an account number, password, access code, Social Security number, taxpayer identification number, driver's license number, or individually identifiable health information.

With my signature on this document I acknowledge it is my responsibility to comply with the terms of this agreement. I further acknowledge that by signing this document I agree to maintain the confidentiality of all Confidential Information obtained at all times, including if and when I am no longer associated with the Justice Cabinet.

Any verbal, electronic or written understandings or agreements that I have had with any other person representing the Justice Cabinet or the Commonwealth of Kentucky are superseded by this agreement.

Name of Volunteer

Date

Appointing Authority

Date

Cabinet

Commonwealth of Kentucky